

Name
in
Full

Bertha M. Albau

CERTIFICATE OF DEATH

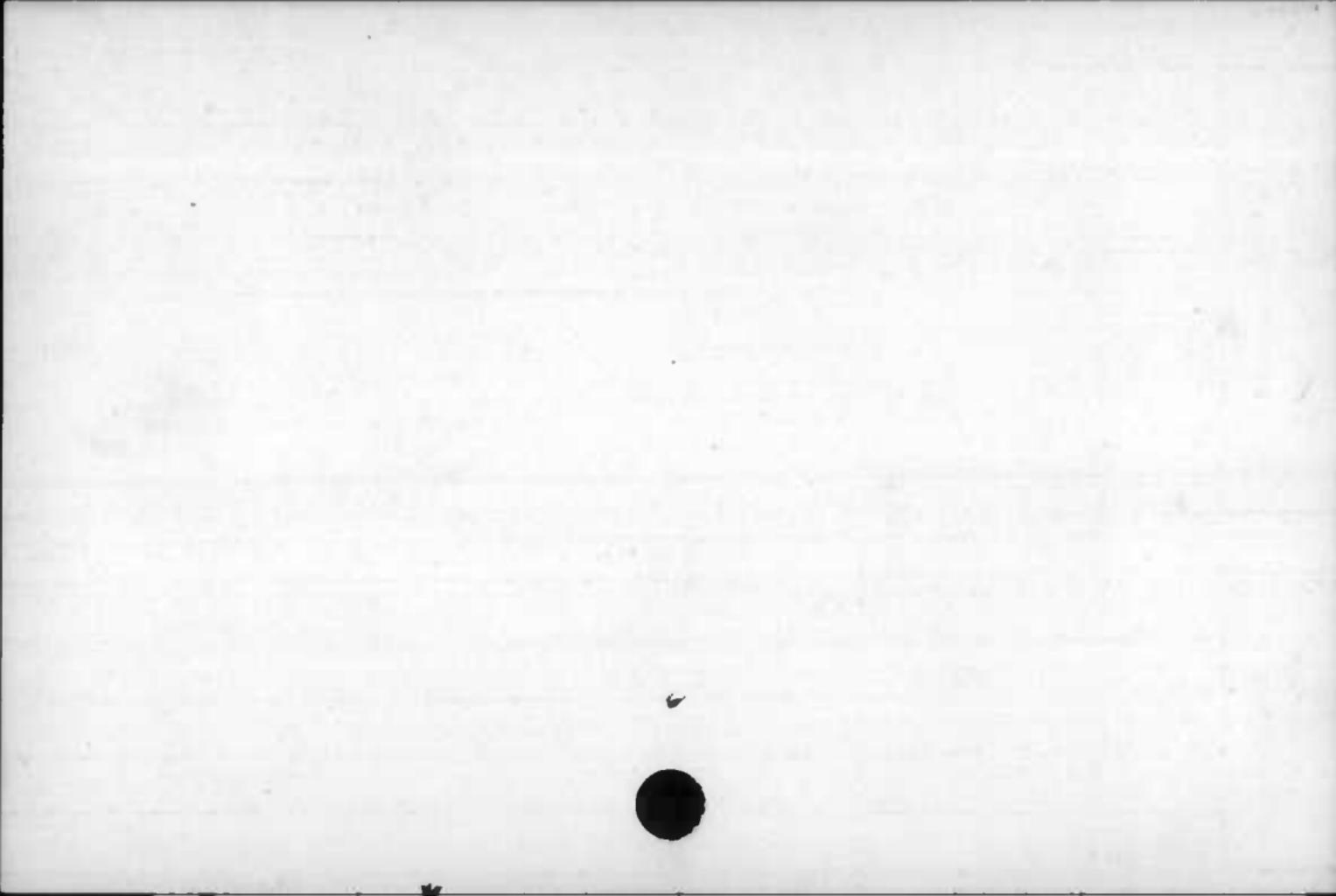
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Thomas Albau		Father's Birthplace	Balto Co.	
Mother's Maiden Name	Ida Albau		Mother's Birthplace	" "	
Name of person giving Information	Ida Albau		How related to deceased	Mother.	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Broncho Pneumonia		How long	8 days
Immediate	Strangulation		How long	5 m.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	R. T. Richards	
		Address	Hampstead Md	
Accident or Suicide?				



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

<i>Magruder Wilson Blizzard</i>				488 CERTIFICATE OF DEATH	
Died at <i>Finksburg</i>		Town <i>Carroll</i>		County <i>MARYLAND</i>	
Date of death <i>1909 May 29</i>	Month <i>May</i>	Day <i>29</i>	Years <i>—</i>	Months <i>—</i>	Days <i>5</i>
Sex <i>Male</i>	Color or Race <i>white</i>	Birthplace <i>md.</i>			
Occupation <i>None</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Bertron W. Blizzard</i>	Father's Birthplace <i>md.</i>				
Mother's Maiden Name <i>Edna Magruder</i>	Mother's Birthplace <i>md.</i>				
Name of person giving information <i>Bertron W. Blizzard</i>	How related to deceased <i>Father.</i>				
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>Septicemia.</i>				How long <i>3 days.</i>
	Immediate <i>Internal convulsions.</i>				How long <i>8 hours.</i>
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician <i>Chas. R. Tontz, M.D.</i>	Address <i>Westminister Md.</i>	
Accident or Suicide?		<i>no</i>			

Funksburg Cemetery
Shanner

Name
in
Full

Dora Elizabeth Brown

481

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1909	Month May	Day 10	Years	Months	Days 28
Sex	Female	Color or Race	White	Birthplace Maryland		
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	Jessie Lewis Brown			Father's Birthplace	Maryland	
Mother's Maiden Name	Rosemond Rose			Mother's Birthplace	Maryland	
Name of person giving Information	Jesse Brown			How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Legnipp
Convulsions

10

How long

Immediate

How long
24 hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

John Stewart
Westminster Md

Accident or Suicide

St Benjamins cemetery
Steiner

Name
in
Full

Herbert Oscar Buckingham

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Woodbine Town Carroll County MARYLAND
Date of death 1909 Month 5 Day 13 Years 1 Months 6 Days 7
Sex Male Color or Race white Birth-place Maryland
Occupation Where Residing if not at place of death Woodbine if not
Married, Single or Widowed Single Name of Wife or Husband
Father's Name Clarence Buckingham Father's Birthplace Carroll Co., Md.
Mother's Maiden Name Kettie Hess Mother's Birthplace Carroll Co., Md.
Name of person giving Information Clarence Buckingham How related to deceased Father

CAUSES OF DEATH

167

How long

36 hours

How long

"

PHYSICIAN
OR CORONER

Primary

Scald of left arm & breast

Immediate

Collapse from shock

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

E. O. Rank

Address

Winfield

Carroll Co.

Accident or Suicide?

Morgan Chapel

Name
in
Full

Orlando a. Burton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND	
Sykesville		Carroll				
Date of death	1909	Month May	Day 2	Years 83	Months 5	Days 1
Sex	Male	Color or Race	White		Birth-place	Phila. Pa.
Occupation	Dentist		Where Residing if not et place of death		same.	
Married, Single or Widowed	married	Name of Wife & Husband	Emeline Burton		Father's Birthplace	Delaware
Father's Name	Jehu Burton				Mother's Birthplace	Pa.
Mother's Maiden Name	Maria Smith				How related to deceased	wife
Name of person giving Information	Emeline Burton					

CAUSES OF DEATH

146

How long

Primary

Old age.

How long

Immediate

Mastoid abscess

3 weeks

Are the name, age, sex, color, date
and place correctly given above?

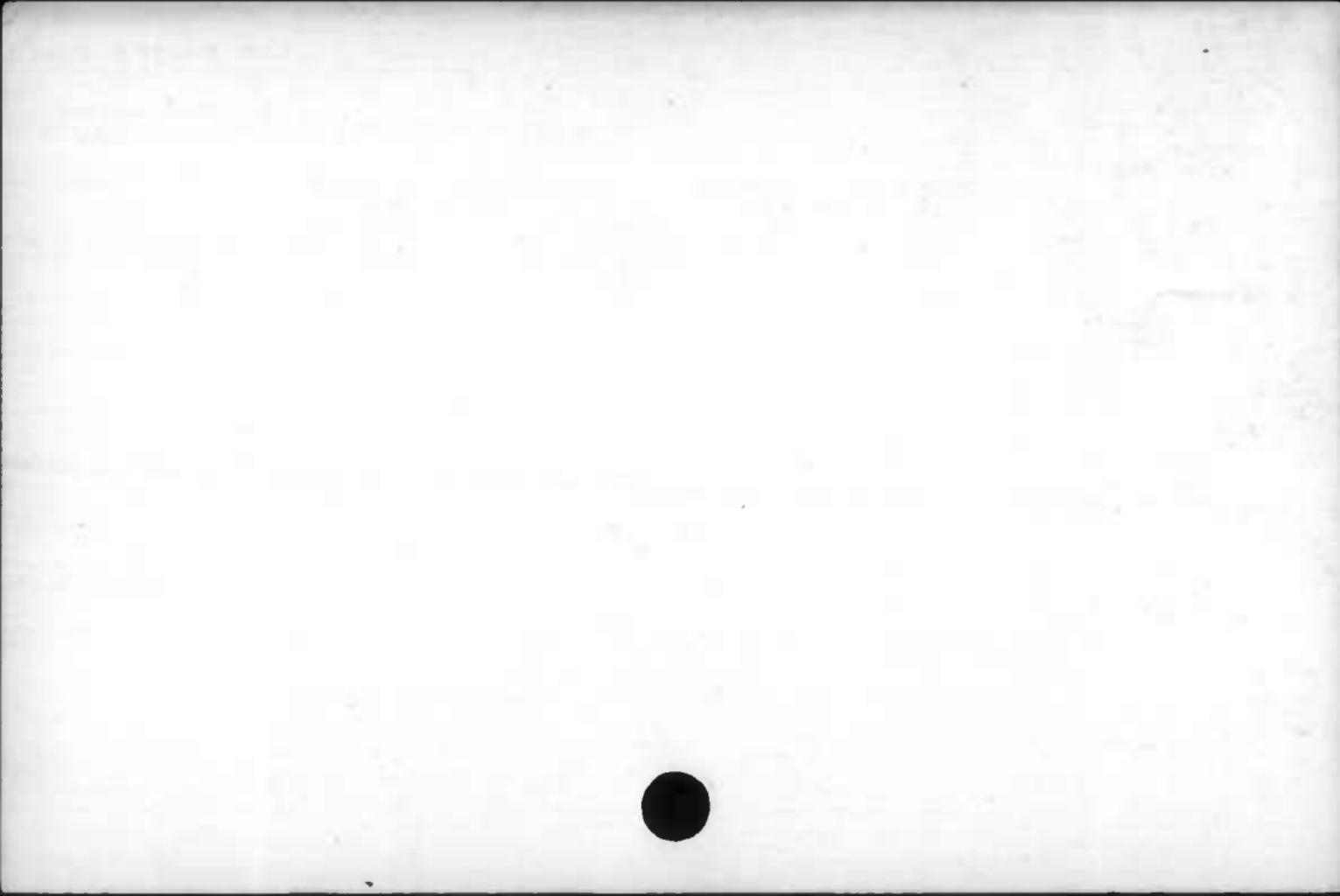
yes.

Signature of
Physician

Address

M D Morris
Eldersburg
Md.

Accident or Suicide



Name
in
Full

Harry E. Bussard

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Ridgeville	Carroll		3	7	
Date of death	Month	Day	Years	Months	Days
1909	5	8	*		
Sex	Male	Color or Race	white	Birth-place	Ridgeville
Occupation	Baby	Where Residing if not at place of death			At Home
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Chas T. Bussard			Father's Birthplace	Poplar Springs
Mother's Maiden Name	Clara J. Baker			Mother's Birthplace	Grist Mill
Name of person giving information	Chas. T. Bussard			How related to deceased	Father

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary

Pneumonia

How long

1 week

Immediate

Pneumonia

How long

Are the name, age, sex, color, date and place correctly given above?

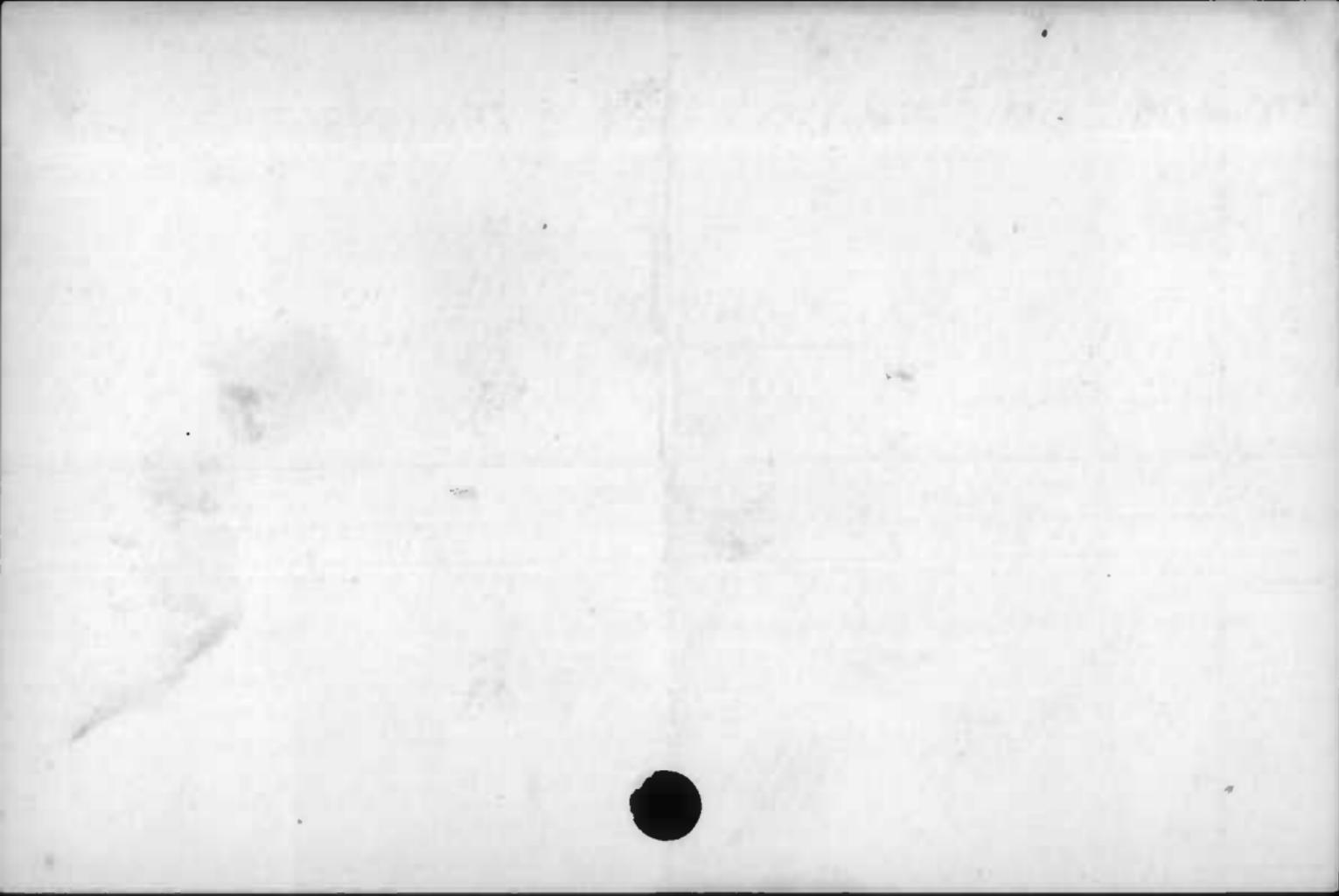
yes

Signature of Physician

Address

W. E. Gaver
not airy and

Accident or Suicide?



Name
in
Full

Eliza S. Chester

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Died at		sykesville	Carroll			
Date of death	1909	Month May	Day 7d	Year 61	Months	Days
Sex	Female	Color or Rsc	White	Birthplace Md.		
Occupation	Housewife			Where Residing if not at place of death		
Married, Single or Widowed				George L. Chester		
Father's Name	Unknown			Father's Birthplace Unknown		
Mother's Maiden Name	Unknown			Mother's Birthplace Unknown		
Name of person giving Information	George L. Chester			How related to deceased Husband		

CAUSES OF DEATH

Primary

Broncho-Pneumonia

92s

How long

Immediate

Cardiac Syncope

12 da

How long

Are the name, age, sex, color, date and place correctly given above?

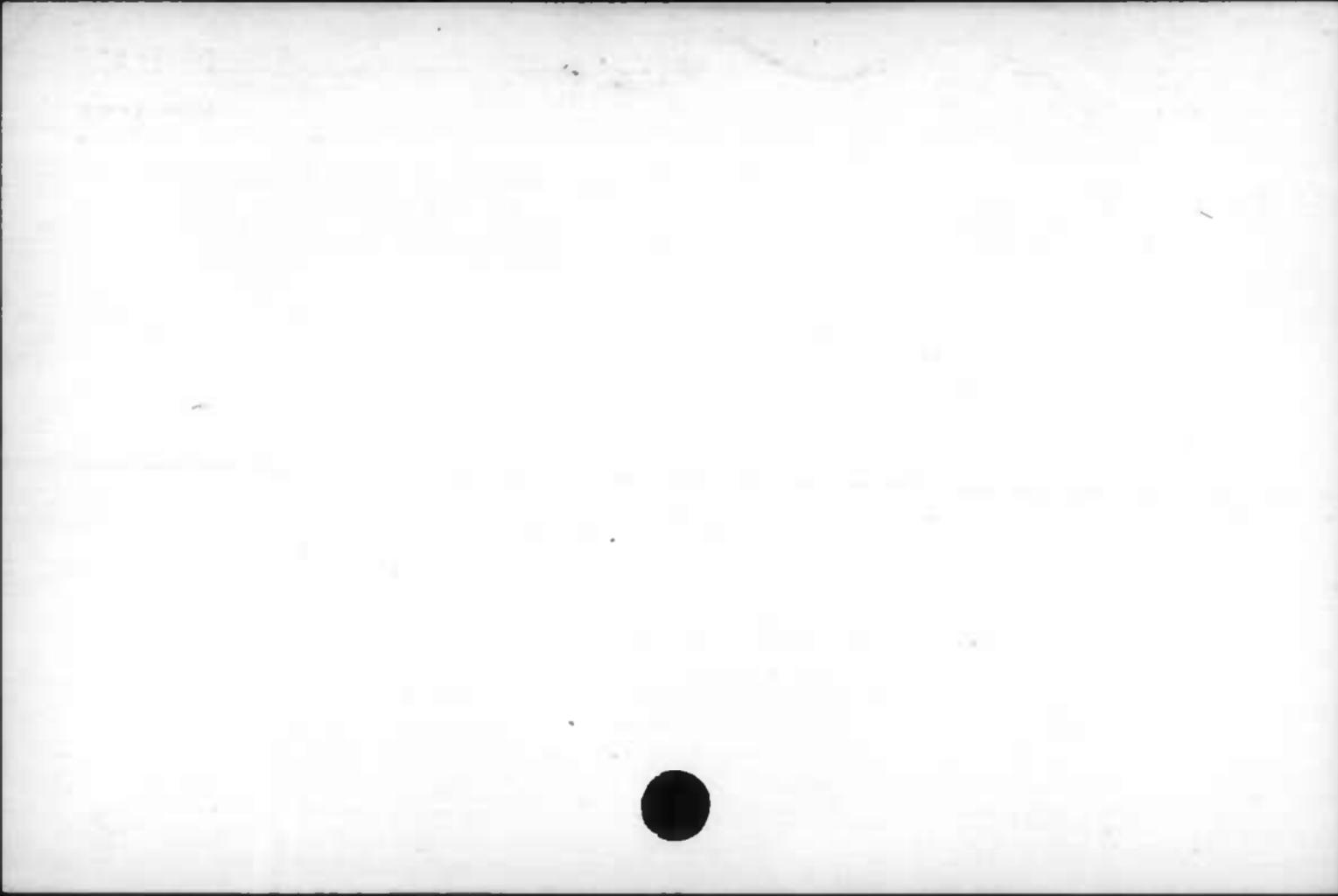
yes

Signature of Physician

John Norfolk Morris M.D.
Springfield Hospital
Sykesville, Carroll Co. Md.

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

Hilda Cover

CERTIFICATE OF DEATH

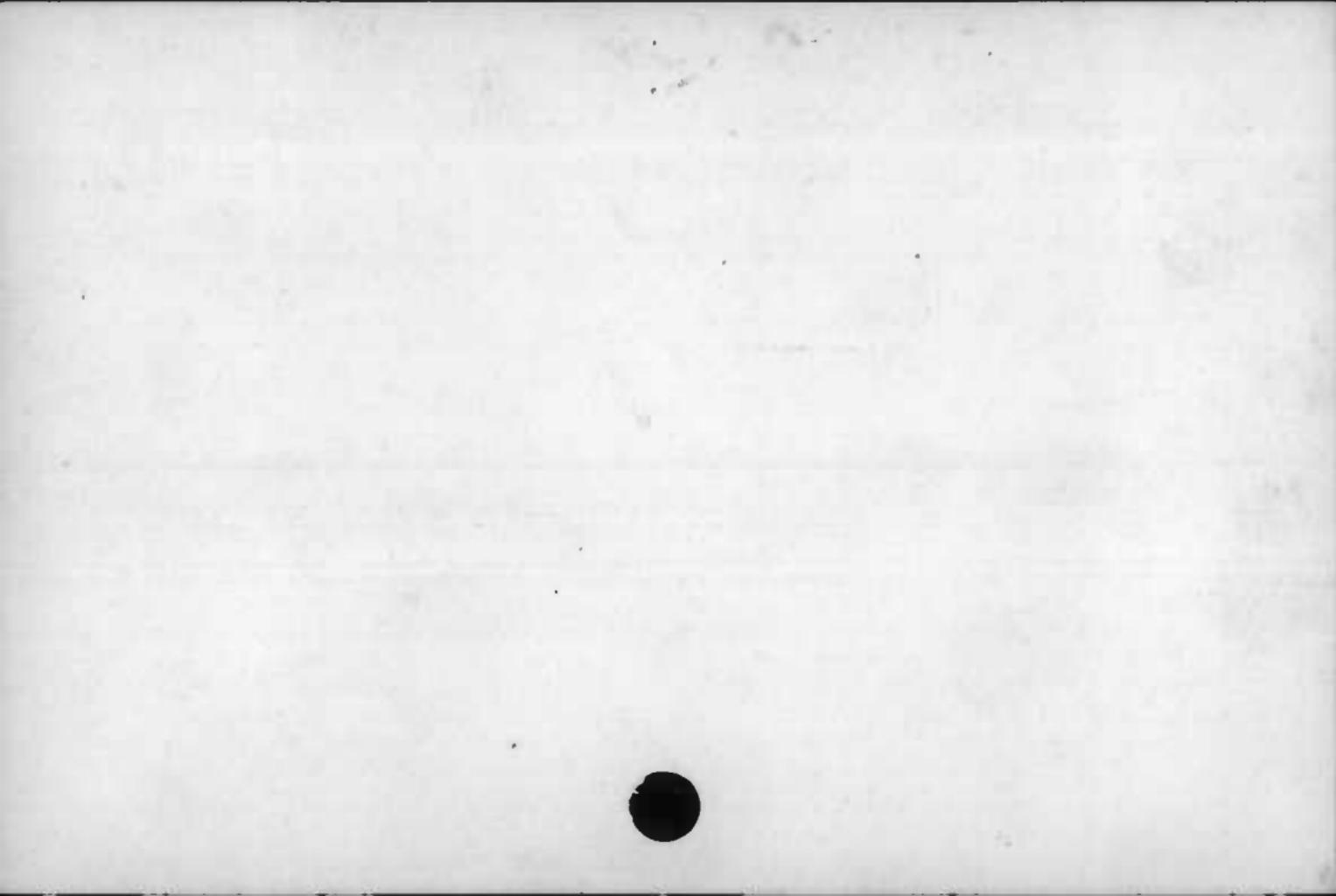
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Brucerville	Town	County	MARYLAND	
Date of death	1909 May	Month	5 Day	Years	Months
Sex	Female	Color or Race	Age	no	Days
Occupation	None	Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband	Father's Name	Frederick Co Md	
Mother's Maiden Name	Mary White	Mother's Birthplace		Frederick Co Md	
Name of person giving information	John T White	How related to deceased		Grandfather	
CAUSES OF DEATH					
Primary	Marasmus				151
Immediate	Malnutrition				How long
Are the name, age, sex, color, date and place correctly given above?				How long	
Yes				Signature of Physician	
				Address	
Accident or Suicide?					

PHYSICIAN
OR CORONER

C. M. Bemner M.D.
Panwynne,
Md

Accident or Suicide?



Name
in
Full

Elizabeth R. Diehl

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Springfield Hospital - Carroll		County		MARYLAND	
Date of death	1909	Month	May	Day	27 th
Sex	Female	Age	51	Years	
Occupation	House keeper	Color or Race	white	Birthplace	Cavetown Md.
Married, Single or Widowed	Single	Where Residing if not at place of death			
Father's Name	Francis M. Diehl	Father's Birthplace			
Mother's Maiden Name	Mary Ann (Diehl) Crouse	Mother's Birthplace			
Name of person giving Information	Hospital records.	How related to deceased			

CAUSES OF DEATH

116

How long

PHYSICIAN
OR CORONER

Primary

?

Immediate

General Peritonitis

How long

1 day

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

W. Henry Fisher M.D.
Sykesville
Md.

Address

Accident or Suicide

No.



Name
in
Full

Franklin A. Leinst

483
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Westmister	Town	County	MARYLAND		
Date of death	1909	Month	Day	Age	Years	Months
Sex	Male	Color or Race	White	Birth-place	Days	
Occupation	Retired	Where Residing if not at place of death				
Married, Single or Widowed	Widower	Name of Wife or Husband	Lousa. Green	Father's Birthplace	Germany	
Father's Name	Anthony. Leinst			Mother's Birthplace	do	
Mother's Maiden Name	Mary Leinst			How related to deceased	Son	
Name of person giving information	Herman U. Leinst					

CAUSES OF DEATH

79

Primary Heart Disease
How long 24 hours

PHYSICIAN
OR CORONER

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

E. M. Sullivan
146 Main St

Address

Accident or Suicide?

Westwood Cemetery

Shaw

Name
in
Full

Mary E. Durall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at near Westminster	Town	County		MARYLAND		
Date of death 190	Month 5	Day 27	Age 83	Years	Months	Days
Sex Female	Color or Race White	Birth- place Maryland				
Occupation House work	Where Residing if not at place of death near Westminster Md.					
Married, Single or Widowed Widow	Name of Wife or Husband George W. Durall (deceased)					
Father's Name Peter Cook (deceased)	Father's Birthplace Carroll Co., Md.					
Mother's Maiden Name Mary E. Franklin (")	Mother's Birthplace Carroll Co., Md.					
Name of person giving Information Alvin L. Durall	How related to deceased Son,					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Old age	79	How long 5 months
Immediate Dying & Heart disease	3 Months	How long
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Address	
Accident or Suicide? No	Jas. H. Bellingshead Westminster Md	

Stow Cleavel

Name
in
Full

Greenbroy Goodwin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Dec 22	Winfield	Carroll	Months	Days	
Date of death 1909	Month 5	Day 6	Years 49	Months 5	Days 16
Sex Male	Color or Race White	Birth-place Maryland			
Occupation Farmer	Where Residing if not at place of death near Winfield, Md.				
Married, Single or Widowed Married	Name of Wife or Husband Anna Goodwin				
Father's Name George Goodwin (deceased)	Father's Birthplace Carroll Co. Md.				
Mother's Maiden Name Eliza Porter	Mother's Birthplace Carroll Co. Md.				
Name of person giving Information Anna Goodwin	How related to deceased Niece				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Bright's disease

120

How long

about 3 yrs

Immediate

Urinic coma

2 days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

E. D. Grunk

Winfield

Carroll Co.

Accident or Suicide?

Ebenezer

Name
in
Full

Susannah Jackson +

CERTIFICATE OF DEATH

- TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Birth-place			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Manchester			
Father's Name	Jacob Hoffacker				
Mother's Maiden Name	Baltimore, Md.				
Name of person giving Information	Theodore Jackson				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Angina Pectoris

80

How long

1 day

Immediate

Are the name, age, sex, color, date and place correctly given above?

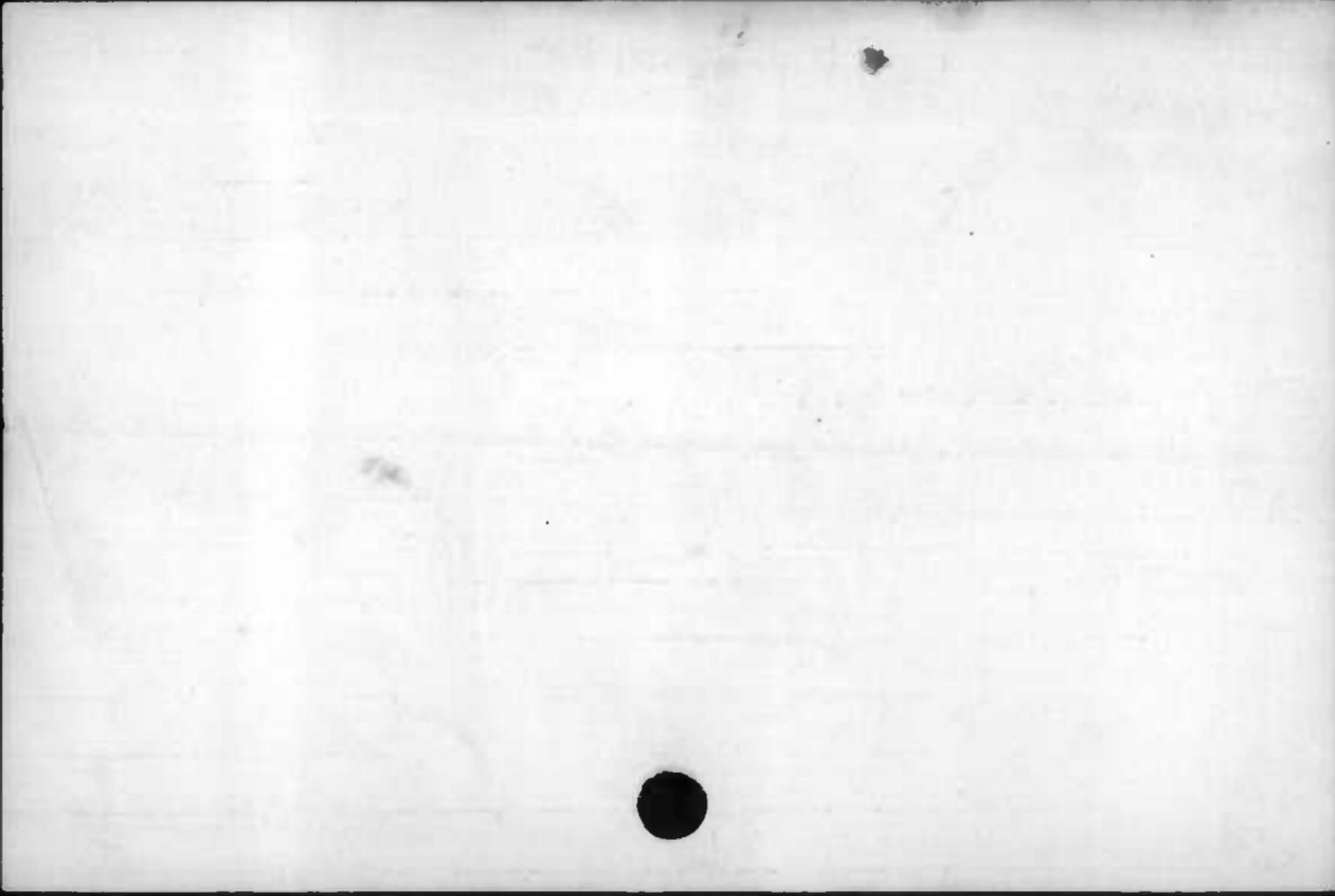
yes

Signature of Physician

Address

J H Sherman M.D.
Manchester, Md.

Accident or Suicide?



Name
in
Full

Malcolm Arthur Lambert

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Age	Years	Months Days
Sex	Color or Race	Birth-place			

New Windsor Carroll

1909 May 20 41 - -

Male white Maryland

Occupation _____ Where Residing if not
at place of death New Windsor

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name Arthur Lambert

Father's Birthplace Md

Mother's Maiden Name Willie E. Cushman

Mother's Birthplace Penn

Name of person giving Information John W. Lambert

How related to deceased Grand Father

CAUSES OF DEATH

Primary Scarlet Fever

7

How long

4 mrsd.

Immediate Complications

How long

- -

Are the name, age, sex, color, date and place correctly given above?

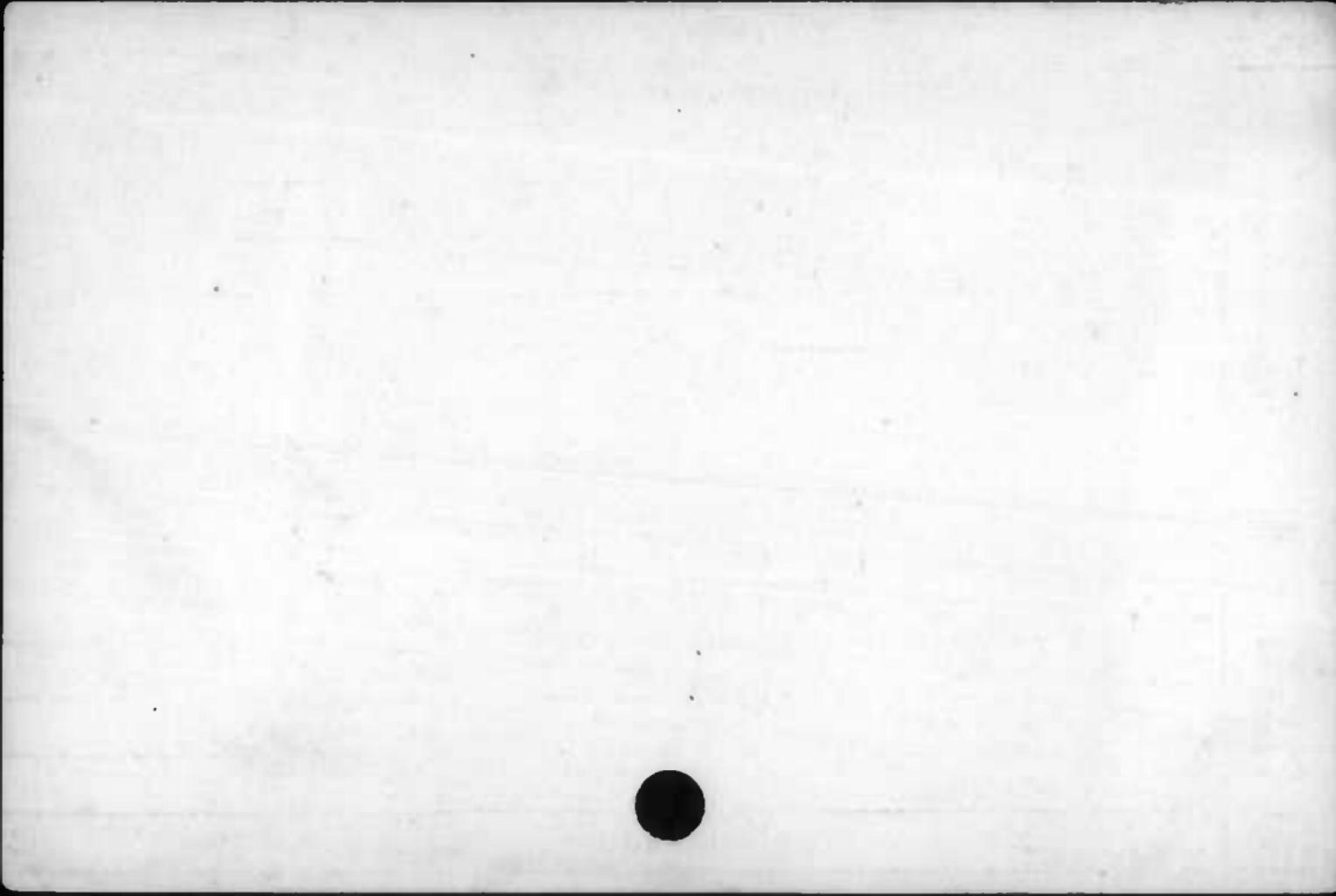
Signature of Physician

Address

Dr. Whitelock

New Windsor Md

Accident or Suicide? _____



Name
in
Full

Harry Logan Feil

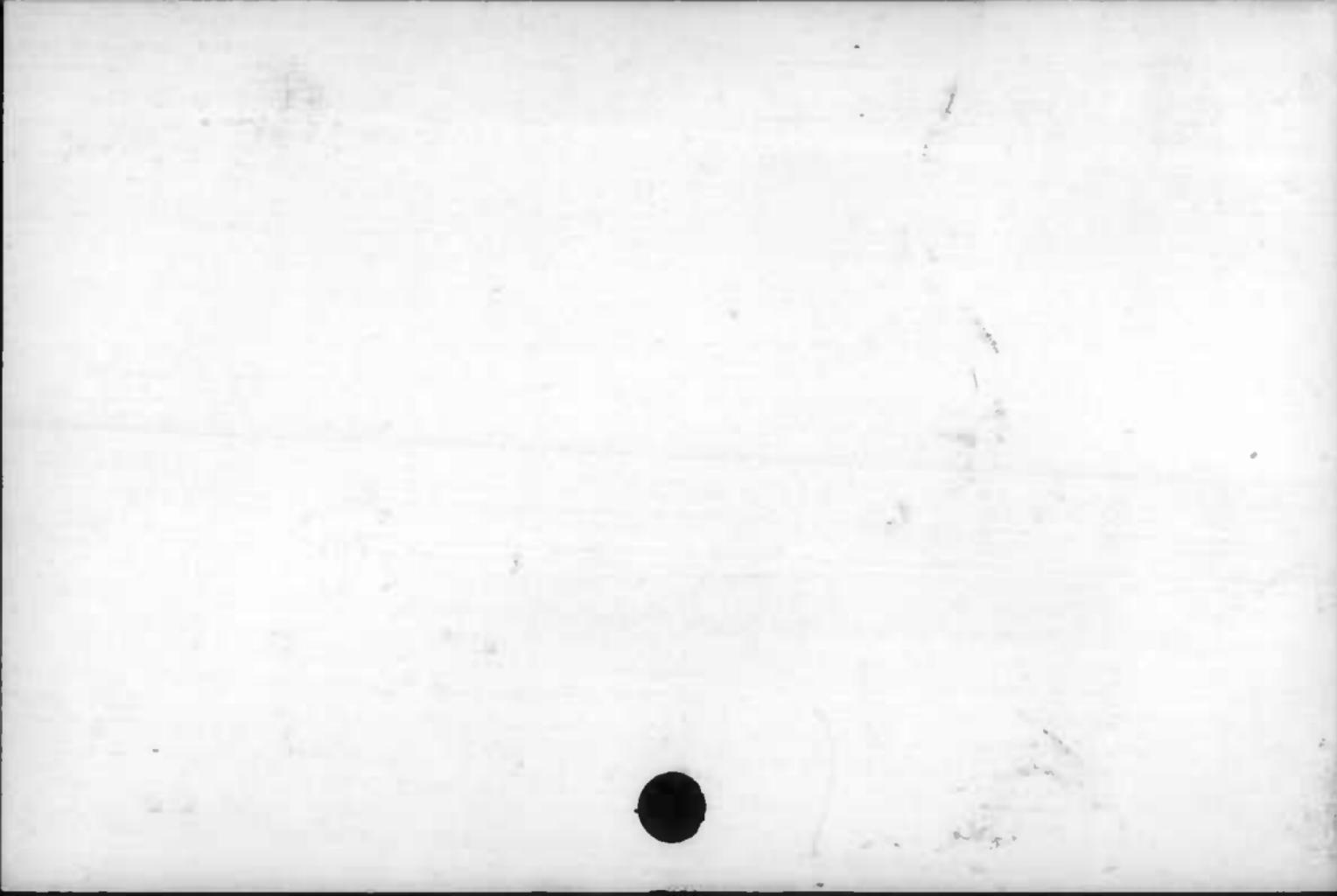
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County
Died at	New Haven	Bridgeport
Date of death	Month	Day
1907	May.	24
Age	Years	Months
40		
Sex	Color or Race	Days
Male	White	
Occupation	Where Residing if not at place of death	
Brakeman	Baltimore	
Married, Single or Widowed	Name of Wife or Husband	
Married	not known	
Father's Name		
not known	Father's Birthplace	
Mother's Maiden Name		
not known	Mother's Birthplace	
Name of person giving Information	How related to deceased	
P. J. Lewis Brown	son	

Fall from a freight car		CAUSES OF DEATH
Primary	accident	Cut a piece one foot out of the other, mashed it well on his head.
Immediate	accident	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
		Address
Accident		166
		How long
		Following
		Physician
		Address
		Accident

PHYSICIAN
OR CORONER



Name
in
Full

Elizabeth A. Maring

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	58	7	12
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Father or Husband	Jonas Maring			
Father's Name	Unknown				
Mother's Maiden Name	Unknown				
Name of person giving information	Son				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Locomotor Ataxia		
Immediate	General Paralysis		
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Chandler M. Bernheim
		Address	Parleyton Md.
Accident or Suicide?			

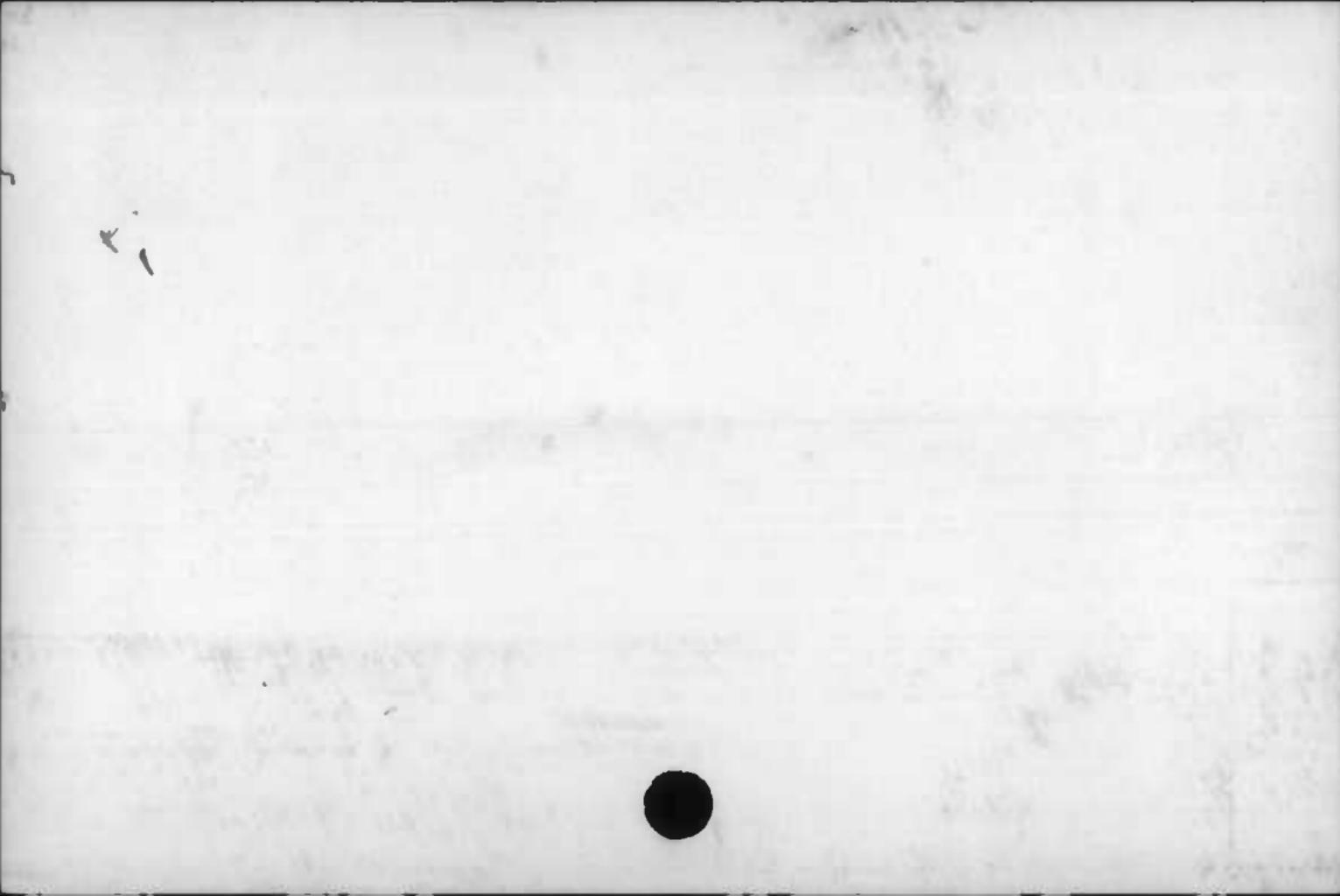
62

How long

nealy 12 years

How long

2 months



Name
in
Full

Miller

480
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Near Funkstown</u> <small>Town</small>		County <u>Carroll</u>		MARYLAND	
Date of death <u>1909</u>	Month <u>May</u>	Day <u>18</u>	Years <u>—</u>	Months <u>2</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>white</u>	Birth-place <u>Near Funkstown</u>			
Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>J. L. Miller</u>	Father's Birthplace <u>Md.</u>				
Mother's Maiden Name <u>unknown</u>	Mother's Birthplace <u>unknown</u>				
Name of person giving information <u>John Bloom</u>	How related to deceased <u>Friend</u>				
CAUSES OF DEATH					
Primary <u>unknown</u>	How long <u>71</u>				
Immediate <u>Shasms</u>	How long <u>unknown</u>				

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

no Physician
Celvin H. Shasms
Int Register

Accident or Suicide?



Louisa Morelock

479

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND			
Date of death	1909	Month May	Day 12	Age 80	Years 7	Months 5	Days 20	
Sex	Female	Color or Race	White	Birth-place Maryland				
Occupation	House Wife							
Married, Single or Widowed	Widow	Name of Wife or Husband	David E Morelock					
Father's Name	George Fleagle							
Mother's Maiden Name	Lidia Froll							
Name of person giving information	George Morelock							
Where Residing if not at place of death								

CAUSES OF DEATH

79

Primary

Mitral Regurgitation

How long

Many Years

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

E. Sullivan
146 E. Main StPHYSICIAN
OR CORONER

Accident or Suicide?

Baptist Church

Name
in
Full

Still Born
Town
Oakland

Nicholas
County
Carroll

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at _____ Died at _____
Date of death 1909 Month May Day 25 Age _____ Months _____ Days _____

Sex

Color or
Race

Male

White

Birth-
place

None

Oakland

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Chas. A. Nicholas

Father's
Birthplace

Ind

Mother's
Maiden Name

Myrtle Merriman

Mother's
Birthplace

Ind.
Father

Name of person giving
Information

Chas. A. Nicholas

How related
to deceased

Primary

CAUSES OF DEATH

Still Born

D

How long

—

Immediate

How long

—

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

W.W. Ritter
Sub - Reg. Sykesville

Ind

Accident or Suicide

PHYSICIAN
OR CORONER

70-1024-2
div. 11
1000

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Mary E Nygren

Town
Westminster

+

482

CERTIFICATE OF DEATH

Died at	Month	Day	Years	Months	Days
Date of death	1909	May	22	Age	54
Sex	Female	Color or Race	white	Birth-place	Maryland
Occupation	Nurse	Where Residing if not at place of death			
Married, Single or Widowed	Widow	Name of Wife or Husband	Nicholas G Nygren	Father's Birthplace	Maryland
Father's Name	John Sivartsbaugh	Mother's Birthplace			
Mother's Maiden Name	Mary E Green	deceased			
Name of person giving information	Dedney E Nygren	Son			

CAUSES OF DEATH

109

How long

4 days

How long

3 days

PHYSICIAN
OR CORONER

Primary

Intestinal Indigestion.

Immediate

Intestinal Impaction & Heart Failure -

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Chas. R. Society,
Westminster

Accident or Suicide?

One

Westminster Cemetery

Shaw.

Fanny E S Pearson

484

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Died at	Westminster	Carroll					
Date of death	1909	Month May	Day 24	Age 67	Years	Months 3	Days 3
Sex	Female	Color or Race	white	Birth-place	Maryland		
Occupation	Artist	Where Residing if not at place of death					
Married, Single or Widowed	Widow	Name of Wife or Husband	Isaac E Pearson				
Father's Name	James M Shillman					Father's Birthplace	Georgia
Mother's Maiden Name	Katherine F. Jones					Mother's Birthplace	
Name of person giving Information	Mary B. Shillman					How related to deceased	Sister

CAUSES OF DEATH

Primary Chronic Interstitial Nephritis 120 several years

Immediate Urticular coma 24 hours

Are the name, age, sex, color, date and place correctly given above?

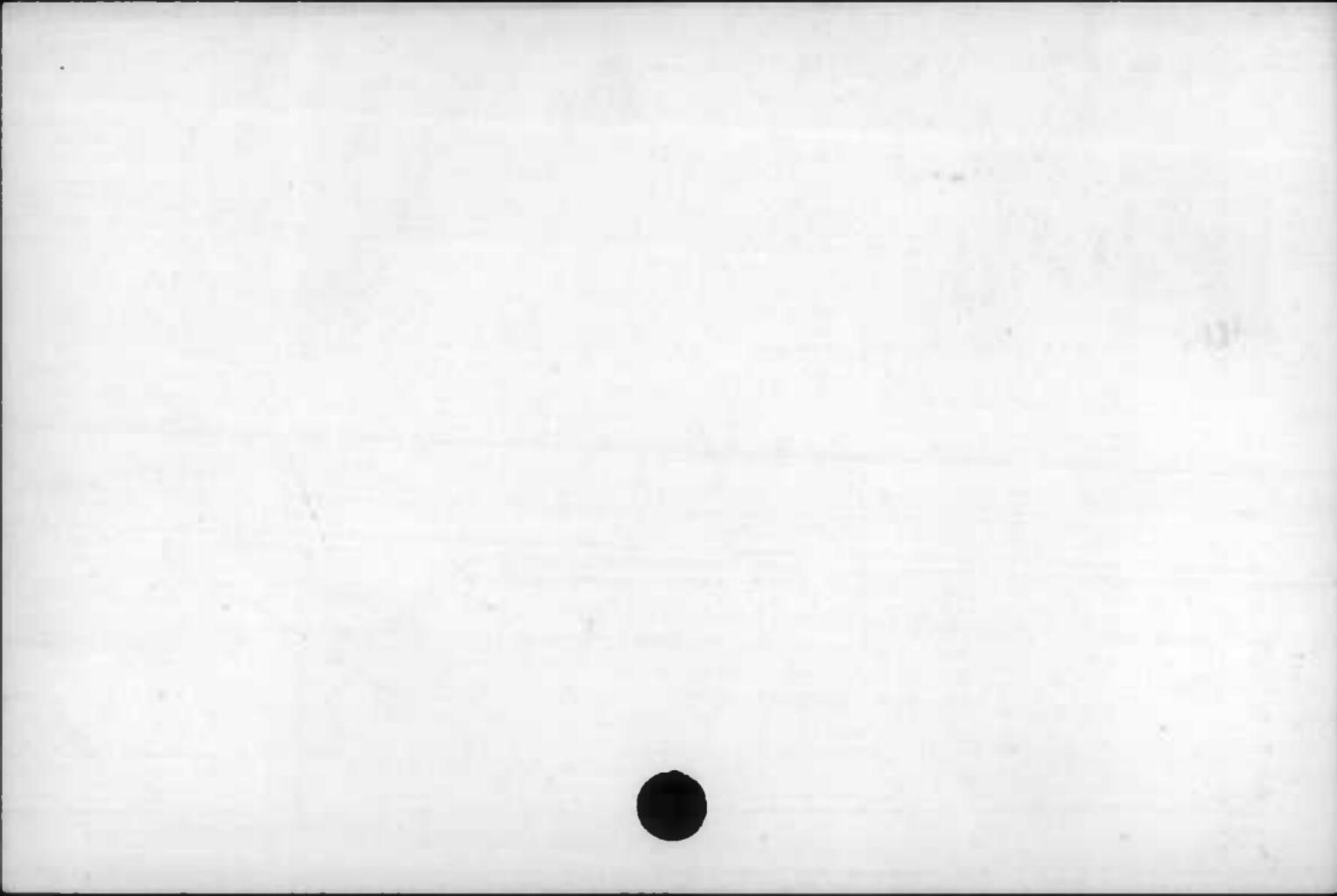
yes

Signature of Physician

E. M. Sullivan
Westminster, Md

Address

Accident or Suicide?



Name
in
Full

William H. Pratt

X CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Springfield Hospital		County Carroll		MARYLAND	
Date of death 1909	Month May	Day 3	Years 54	Months	Days
Sex Male	Color or Race White	Birth-place Md.			
Occupation Merchant	Where Residing if not at place of death Unknown				
Married, Single or Widowed Married	Name of Wife or Husband Unknown	Father's Birthplace Unknown			
Mother's Maiden Name Unknown	Mother's Birthplace "				
Name of person giving Information Hospital records	How related to deceased				

PHYSICIAN
OR CORONER

Primary

Diabetes Mellitus

50

How long

about 3 yrs

Immediate

General debility

How long

progressive

Are the name, age, sex, color, date and place correctly given above?

Yes

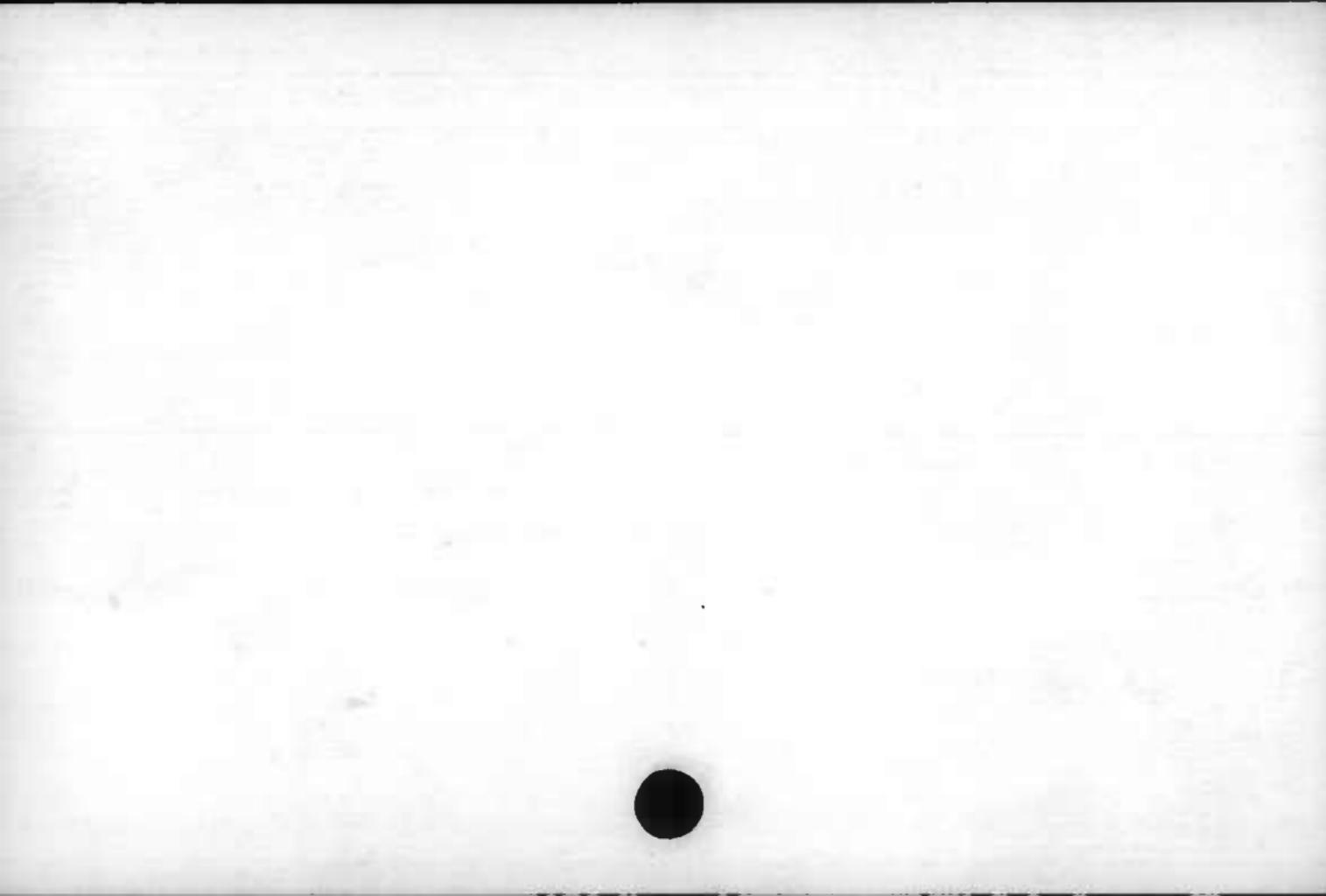
Signature of Physician

Address

Chas. J. Cawley
Lykensville Md

Accident or Suicide

No



Name
in
Full

Lewis Row

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>near Mt. airy</u>		County <u>Carroll</u>	MARYLAND	
Date of death <u>1909</u>	Month <u>May</u>	Day <u>3</u>	Years <u>52</u>	Months <u>—</u> Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>White American</u>	Birth-place <u>Baltimore Md</u>		
Occupation <u>Collector</u>	Where Residing if not at place of death <u>Baltimore Md</u>			
Married, Single or Widowed <u>married</u>	Name of Wife or Husband <u>Susan Row</u>	Father's Name <u>Joseph Row</u>	Father's Birthplace <u>In Germany</u>	
Mother's Maiden Name <u>Sarah Richardson</u>		Mother's Birthplace <u>—</u>		
Name of person giving Information <u>Susan Row</u>		How related to deceased <u>wife</u>		
CAUSES OF DEATH				
Primary	<u>Pulmonary Tuberculosis</u>			
Immediate	<u>Asthma</u>			
Are the name, age, sex, color, date and place correctly given above?		<u>Yes</u>		
		Signature of Physician	<u>W. E. Gaver</u>	
		Address	<u>Mt. airy Md</u>	
Accident or Suicide?				

27

How long

6 mos.

How long

—



Name
in
Full

Mary Jane Staub

478

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at New Westminster County Carrole MARYLAND

Date of death 1909 May Month 4 Day 24 Years 52 Months 2 Days 5

Sex Female Color or Race white

Occupation Horse keeper Where residing if not at place of death

Married, Single or Widowed married Name of ~~Wife~~ or Husband George R. Staub

Father's Name Josiah Firmy Father's Birthplace Maryland

Mother's Maiden Name Sarah H. Rogers Mother's Birthplace Maryland

Name of person giving Information Norma Staub How related to deceased Daughter

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Paralysis

66

How long

several mo.

Immediate

Convulsions

How long

5 days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of
Physician

Address

George H. Brown.
Chas. R. Foy.
New Windsor
Westminster Md.

Accident or Suicide

No

~~West~~ worn cemetery
Stonar.

Name
in
Full

Samuel R. Warfield

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Town		County		MARYLAND	
Died at Freedom		Carroll			
Date of death	Month	Day	Years	Months	Days
1909	May	12	53	4	17
Sex	Male	Color or Race	White	Birth-place	Carroll Co. Md.
Occupation	Attendant State Hosp.		Where Residing if not et place of death	same	
Married, Single or Widowed	Married	Name of Wife Husband	Mamie E. Warfield	Father's Birthplace	Frederick Co.
Father's Name	S. D. Warfield			Mother's Birthplace	Carroll Co.
Mother's Maiden Name	Clarissa J. Gore			How related to deceased	Brother
Name of person giving Information	J. O. Warfield				

CAUSES OF DEATH

27

How long

10 years

How long

-

Primary

Pulmonary Tuberculosis

Immediate

asthenias

Are the name, age, sex, color, date
and place correctly given above?

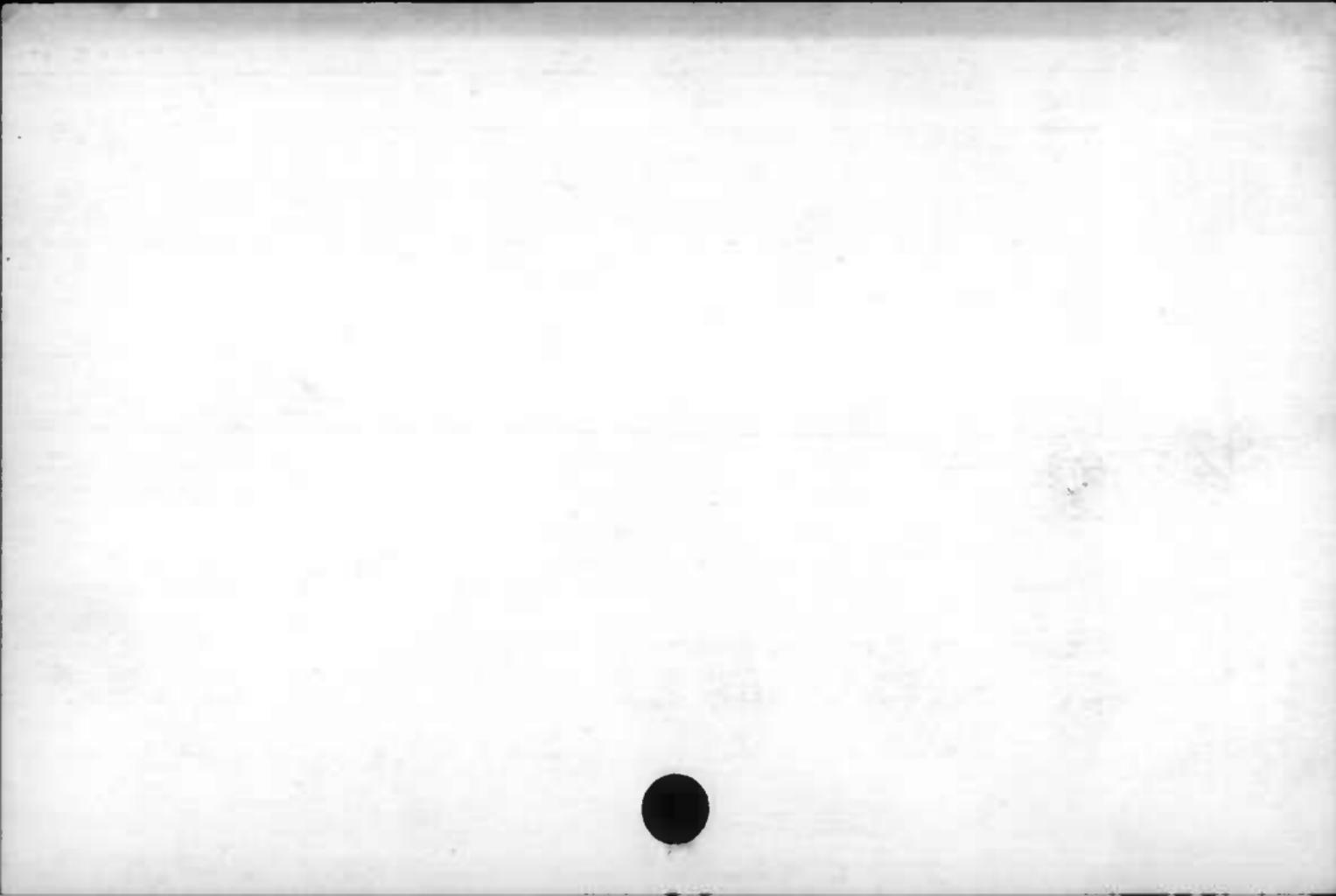
yes

Signature of
Physician

Address

M. D. Morris
Eldersburg.

Accident or Suicide



Name
In
Full

William W. Wheeler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at *Natural		Town	County Carroll		MARYLAND	
Date of death 1909	Month May	Day 15	Age Stillborn	Years	Months	Days
Sex Male	Color or Race White			Birth-place Carroll Co		
Occupation —	Where Residing if not at place of death —					
Married, Single or Widowed —	Name of Wife or Husband —					
Father's Name Julian. Wheeler.				Father's Birthplace Morehuln Co		
Mother's Maiden Name Sadie. S. Richards.				Mother's Birthplace Phil. Pa		
Name of person giving information —	11	11	11	How related to deceased Mother		

CAUSES OF DEATH

S
How long **—**

How long **—**

Primary

Stillborn

Immediate **—**

Are the name, age, sex, color, date and place correctly given above?

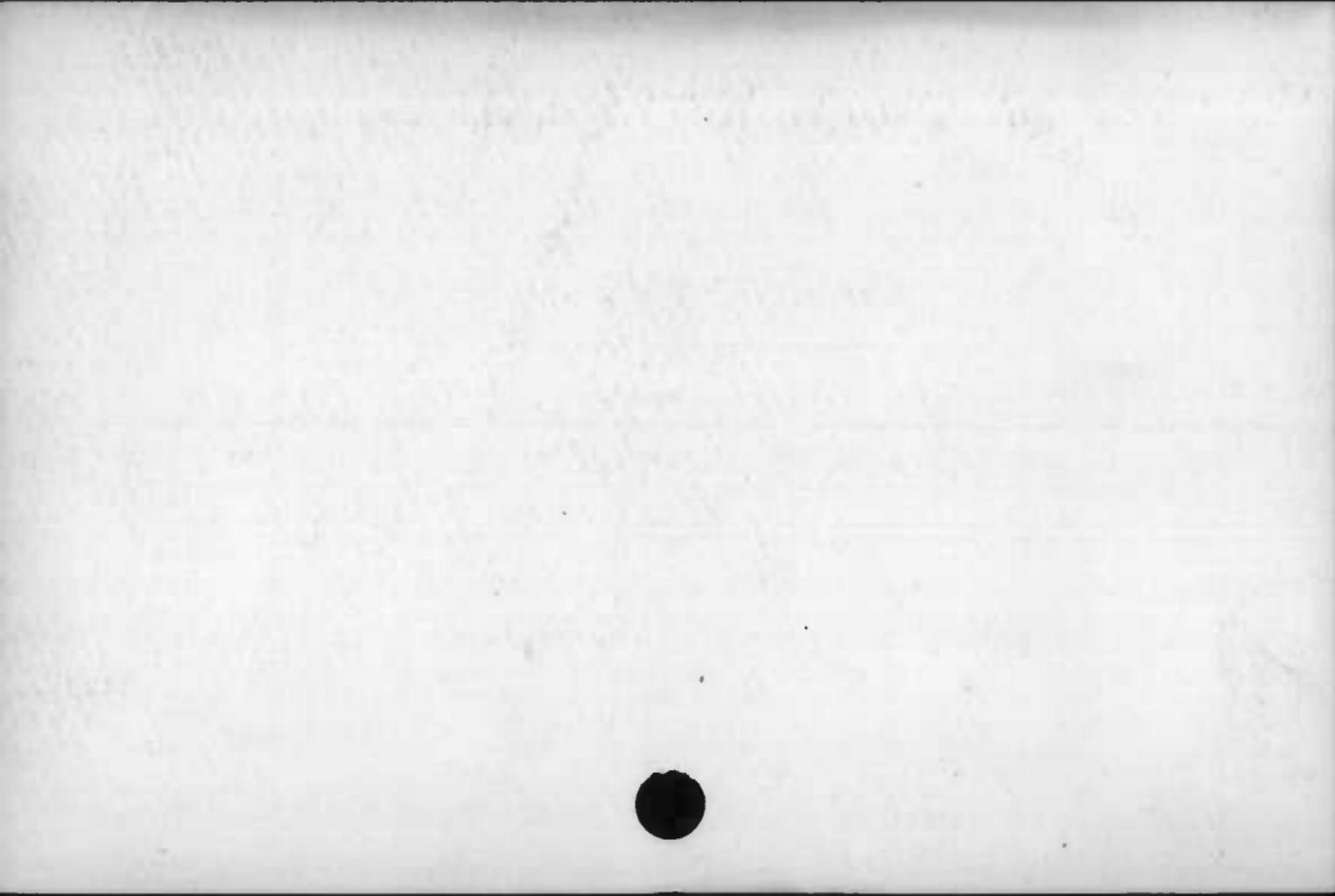
yes

Signature of Physician

Address

**A. T. Crank,
Taylorsville. Md**

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		own	County	MARYLAND	
Date of death	1909	Month May	Day 16 th	Years	Month
Sex	Male	Color or Race	White	Birth-place	Unknown
Occupation	None				
Married, Single or Widowed	Unknown		Where residing if not at place of death		
Father's Name	Unknown		Father's Birthplace		
Mother's Maiden Name	Unknown		Mother's Birthplace		
Name of person giving information	Hosp. Records		How related to deceased		

CAUSES OF DEATH

154

How long

1 year

How long

Progressive

Primary

Senile Dementia

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

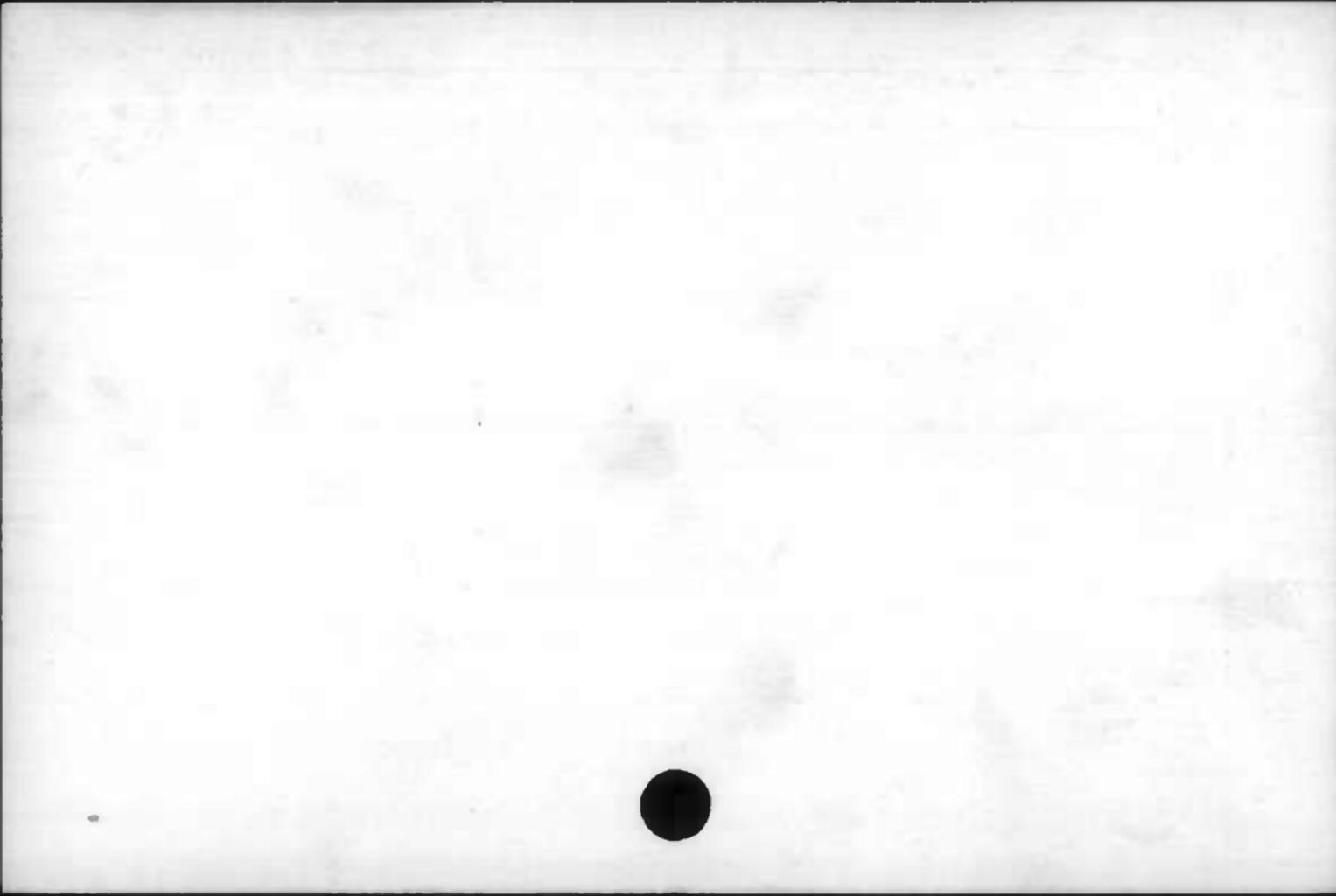
yes.

Signature of Physician

Address

S. H. Smalley
Springfield Tab Hosp.
Lykensville, Md.

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

(Younger) George

Town

+

County

Baltimore

CERTIFICATE OF DEATH

MARYLAND

Died at

Date
of death

Month

Day

Years

83

Months

7

Days

8

Sex

Male

Color or
Race

or wife

Birth-
place

Wittenberg, Germany

Occupation

Butchers

Where Residing if not
at place of death

Married, Single
or Widowed

Widowed

Name of Wife or
Husband

Father's
Name

George Younger Sr

Father's
Birthplace

Germany -

Mother's
Maiden Name

Bathmire Erion

Mother's
Birthplace

Germany -

Name of person giving
Information

Bathmire Thiele

How related
to deceased

daughter

CAUSES OF DEATH

78

How long

Primary

Arterial Sclerosis

Immediate

Endocarditis

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

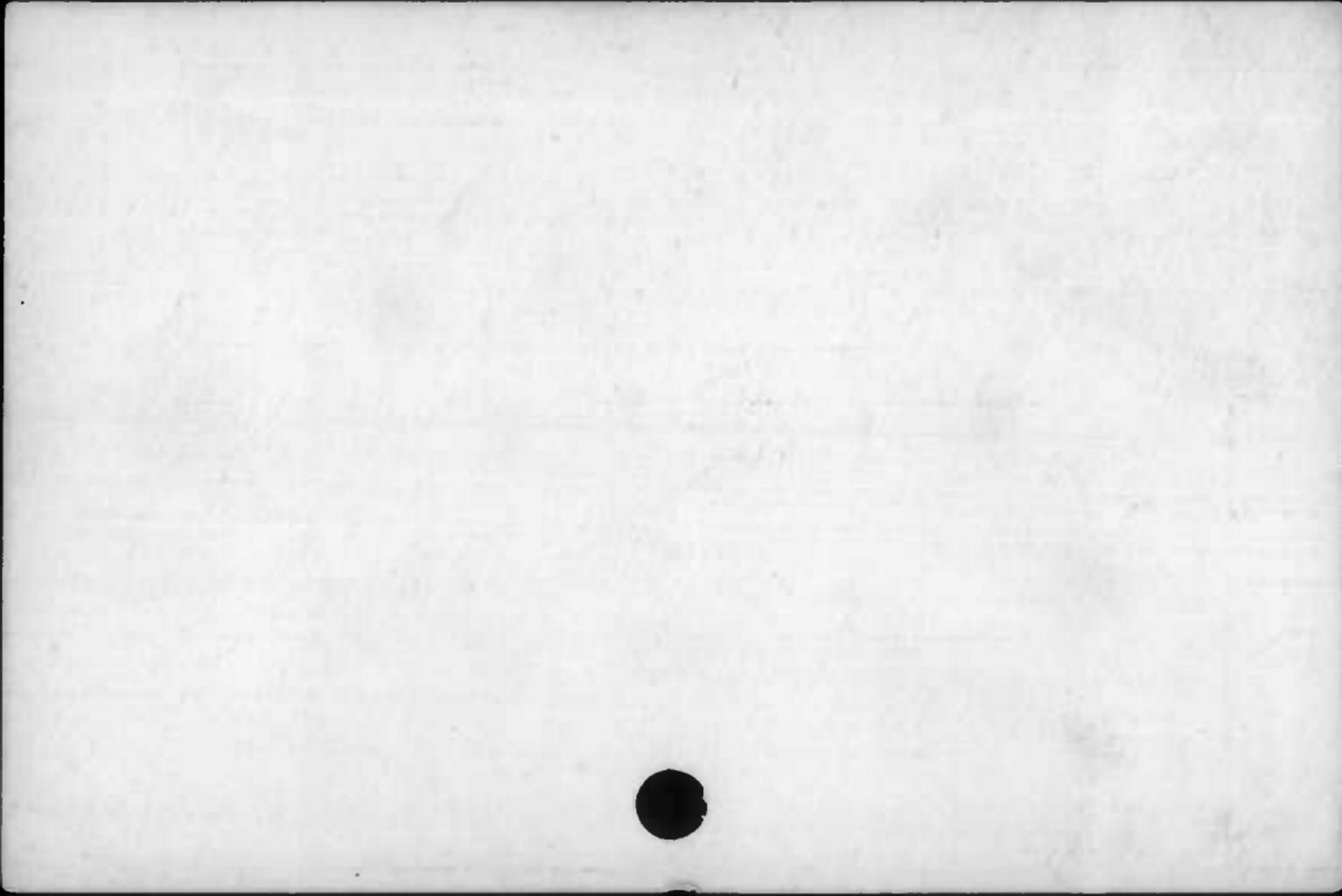
Signature of
Physician

Frank Sneed, M.D.

Address

St. Francis, W.

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Elizabeth R. Geppz.						CERTIFICATE OF DEATH		
Died at		Town <i>Melrose.</i>	County <i>Carroll</i>		MARYLAND			
Date of death	1909	Month <i>May</i>	Day <i>8</i>	Age <i>75</i>	Years <i>75</i>	Months <i>7</i>	Days <i>13</i>	
Sex	<i>Fernald</i>	Color or Race <i>White</i>			Birth- place <i>Md.</i>			
Occupation	<i>House Wife</i>		Where Residing if not at place of death <i>Melrose</i>					
Married, Single or Widowed			Name of Wife or Husband <i>Gen. Geppz</i>					
Father's Name	<i>Peter Jett</i>				Father's Birthplace <i>Germany.</i>			
Mother's Maiden Name	<i>Elizabeth Lippay</i>				Mother's Birthplace <i>Carroll Co. Md.</i>			
Name of person giving Information	<i>Geo Geppz</i>				How related to deceased <i>Husband.</i>			

CAUSES OF DEATH

95

How long

10 das

How long

24 hrs.

Primary

Hypostatic Pneumonia

Immediate

Cerebral Congestion

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

*John E. Ziegler
Melrose Md.*

Accident or Suicide?

No

